



STATE OF NEW HAMPSHIRE

PUBLIC EMPLOYEE LABOR RELATIONS BOARD

REQUEST FOR APPOINTMENT OF ARBITRATOR

To be filed in **duplicate** with the Public Employee Labor Relations Board, GAA Plaza, Building No. 1, 153 Manchester Street, Concord, New Hampshire 03301. Agency web-site WWW.NH.GOV/PELRB . Please forward a copy to the Respondent

REQUESTING PARTY:

Name: _____

Organization: _____

Address: _____

_____ Zip: _____

E-Mail Address: _____

Telephone:() _____

FAX:() _____

RESPONDENT PARTY:

Name: _____

Organization: _____

Address: _____

_____ Zip: _____

E-Mail Address: _____

Telephone:() _____

FAX: () _____

1. What date was the grievance filed? _____
2. What contract article(s) are alleged to have been violated? _____
3. What is the subject matter of the grievance? Explain below or attach statement.

1. Is this a joint arbitration request ? YES ☐ NO ☐ If "Yes" both sides must sign below.

2. Is this a joint request for an arbitrator to be appointed from the panel maintained by the PELRB?

YES ☐ NO ☐ If "Yes" both sides must sign below and state the arbitrator's name

here: _____.

Dated this _____ day of _____, 20____

Signature of re-
questing party: _____

Title _____

Dated this _____ day of _____, 20____

Signature of
Respondent* _____

Title* _____

*Complete only if joint request or if
arbitrator has been agreed upon